# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# N08000003704

**Entity Name:** AUTHENTIC EXPOSURE INC.

**Current Principal Place of Business:**

15 SPARROW PATH
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

15 SPARROW PATH
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number: 37-1564595** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACK, APRIL S
15 SPARROW PATH
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | BLACK, APRIL S | |
| Address: | 15 SPARROW PATH | |
| City-St-Zip: | CRAWFORDVILLE, FL 32327 WA | |
| Title: | V | ( ) Delete |
| Name: | BLACK, JASON T | |
| Address: | 15 SPARROW PATH | |
| City-St-Zip: | CRAWFORDVILLE, FL 32327 | |
| Title: | T | ( ) Delete |
| Name: | BLACK, APRIL S | |
| Address: | 15 SPARROW PATH | |
| City-St-Zip: | CRAWFORDVILLE, FL 32327 WA | |
| Title: | S | ( ) Delete |
| Name: | BLACK, JASON T | |
| Address: | 15 SPARROW PATH | |
| City-St-Zip: | CRAWFORDVILLE, FL 32327 WA | |
| Title: | O | ( ) Delete |
| Name: | SCHELL, LINDA D | |
| Address: | 9727 SAPPINGTON AVE. | |
| City-St-Zip: | JACKSONVILLE, FL 32218 DU | |
| Title: | O | ( ) Delete |
| Name: | LEE, ERIC | |
| Address: | 1824 PROSPECT ST. | |
| City-St-Zip: | JACKSONVILLE, FL 32218 DU | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | T | (X) Change ( ) Addition |
| Name: | PARRAMORE, JACKIE | |
| Address: | 3423 NORTH RIDGE ROAD | |
| City-St-Zip: | TALLAHASSEE, FL 32305 LE | |
| Title: | O | (X) Change ( ) Addition |
| Name: | POTTER, MONIQUE | |
| Address: | 39 STARLING TRACE | |
| City-St-Zip: | CRAWFORDVILLE, FL 32327 WA | |
| Title: | S | (X) Change ( ) Addition |
| Name: | SCHELL, LINDA D | |
| Address: | 9727 SAPPINGTON AVE. | |
| City-St-Zip: | JACKSONVILLE, FL 32218 DU | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL BLACK P 04/15/2009

Electronic Signature of Signing Officer or Director — Date